TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 6823

06814

		PLACE OF DEATH					2. USUAL RESIDENCE (	(Where deceased		n: Residence bef	fore admission)
		O. COUNTY HAI	PFORP		MARY	LAND	O. STATE		b. COUNTY	YARFO	ORD
	t		autside carporote lim	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (	(If autside corpor	ate limits, write RL	RAL ond give ne	earest tawn)
	1	RURAL ond give ne	EGRACE		LIFE		HAURE.	DEGR	ACE	of.	4
	-	d. NAME OF HOSPIT	AL (If not in hospitol, g	ive street o	oddress)		d. STREET ADDRESS				e. IS RESIDENCE
1		OR INSTITUTION	WASHIN	TON	.57		726501	WASHI	VETON .	ST,	ON A FARM? YES NO
	3. 1	NAME OF	Fig	st	Middle		Last	4. DATE	Moni	h r	Day Year
		DECEASED (Type or print)	EL	LA	CRO.	55	BARNES	S OF DEATH	JUNEI	11,	1961
	5. 5	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D B	DATE OF BIRTH	01.1	9. AGE (In years last birthday)	TF UNDER 1 YEA Months Days	R IF UNDER 24 HRS.
	F	EMALE	WHITE	WIDOWE	D DIVORCE		DEC. 4/	864	96 yrs.	Monnas Days	Hours Min.
	10a	. USUAL OCCUPATIO	N (Give kind of work ing Jife, even if retired	done 10b.	KIND OF BUSINESS O	R INDUST	RY 11, BIRTHPLACE (St	ate or fareign co	ountry)	12. CITIZEN C	OF WHAT COUNTRY?
	1	TOUSE V	VIFE		HOME		MD.			Uis	S.A.
-	13.	FATHER'S NAME					14. MOTHER'S MAIDE	N NAME	1-		
		WILLIAM	n Opos	5			MARY	1301	PR		
/			R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. INF	ORMANT,	jes proj	7 Midr	650. W/A.	SHING TOASI
	1,74.	-7	in year, give wor or doles or .	6/ 1/(6/		XIIIce	s Lilian L	E. BARI	YES HAVI	PEDEG	PRACEMP
		18. CAUSE OF DEA	TH [Enter only one co	use per lin	e far (a), (b), and (c).	]	ط	THE STATE		IN	TERVAL BETWEEN
		PART I. DEA	TH WAS CAUSED BY:	0	mari	-10	al usion	n)			Set AND DEATH
		45	DUE TO	4.0	, 1						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Canditions, if or	ny, which ) (t	1	Homes	n	worked	itos		5	20 year
		gave rise to it	nmediate (								//
	10	lying cause last.	1	· (4	ntered &	cle	nos			3	of yran
	Z	PART II. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT N	NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY
	CATI	10000 100									YES NO
1	CERTIFICATION	20g. ACCIDENT WA	S UNDERLYING	20b. DESC	RIBE HOW INJURY O	CCURRED	(Enter nature of injury	in Part 1 ar Part	t II of item 1B.)		
)		(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)								
	EDICAL	20c. TIME OF INJUR	Y Month, Day, Ye	ar 20d. IN	NJURY OCCURRED		CE OF INJURY (Hame, f		ar tawn)	(Caunty	y) (State)
	MEDI	Haur o. m. p. m.	19	While of work	Nat while	roct	ary, street, affice bldg.,	etc.)			
		and the same	t (I) (this hasping	) attend	ed the deceased	fram	Tunoi	1255, ta	On mal	1/ 106/	that (I) (we) last
	3	saw the deceas	1	cal)	1 /1	/	eath accurred at 12		1		
		220. SIGNATURE			- Caralla	maigne	dill decorred di [2	aporti, It offy	ine caoses an	1	22b. DATE
		In In	TUEL	ext	Tul)	N	.D. PHYS.	MED.	STAFF PHYS.	Ja.	SIGNED 17 19/
		22c. PHYSICIAN'S		1.10	,	14	22d. ADDRESS	h		11 0	1
		NAME (Type)	FRANK	40	LBERT	M	H1992	IRE DE	CGRIM	F 11	10)
	23a	BURIAL, CREMATIO	N, 23b. DATE THERE	OF	23c. NAME OF CEM	ETERY OR	CREMATORY	23d.,LOCAT	TION (City, town, o	or county)	(Stote)
	1	PEMOVAL (Specify)	JUNE 13	1961	ANGEL	- H	ILL EN	K. HAVA	EDEG.	PARE	MD
	24.	FUNERAL DIRECTOR	SSIGNATURE	110	ADDRESS		25a. R	REC'D BY REGIST	RAR 256. REGIS	TRAR'S SIGNAT	URE
	7	1/11adio	sn //6/2	will	HAYRE O	E/g	PAR AMP DATE	JUN 1 4 '	61 0	Thun & the	au A
	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11010								

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### FOR STATE HEALTH DEP TO DEPUTY CAL EXAMINER: This certificate should be executed within 24 hours after C.f. If any delay is necessary, please execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A1SME 5M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTIC	AL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BA	ALTIMORE 1, MARYLAND
6820 M	MEDICAL EXAMINER'S	CERTIFICATE OF DE	ATH OCOIS

		PLACE OF DEATH  o. COUNTY	. USUAL RESIDENCE (Where decessed lived, If institution, Residence STATE b. COUNTY	dence before edmission)
A	1	Hayru MARYLAND	1091 Mac	your -
	) '	b. CITY OR TOWN (if outside corporate limits, write RURAL and give perest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end gi	♥e neerest town)
	7	d. NAME OF HOSTITUTION (if not in hospitel, give street eddress)	1. STREET PORESS Rule 24	e. IS RESIDENCE ON A FARM? YES NO
	1	NAME OF DECEASED (Type or print) Harlor K Brito	Lest 4. DATE OF DEATH Jule 1	19 6 l
1		WIDOWED DIVORCED	9. AGE (In yeers   IF UNDER 1 YE) 1 - S - Z O   9. AGE (In yeers   IF UNDER 1 YE) 2   Months   Dey 3   Months   Dey	
/		e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)  Machinist  Bethlehem Steel	Baltimore Co., Md. 12. CITIZEI USA	N OF WHAT COUNTRY?
	13.		MOTHER'S MAIDEN NAME	
		Roy D. Britton	mazel Green	A Acres
	15. (Yes	L A CHE Lat to the A	cabeth T. Britton, Pylesville, Md.	
	1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Sincide by ha	nging	
		974X DUE TO	10	
		Conditions, if any, which (b)		
		geve rise to immediate cause (e), stating the underlying DUE TO		
		cause lest. (c)		
	ON ON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e	19. WAS AUTOPSY PERFORMED?
	S			YES NO
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF BEATH.	r neture of injury in Pert I or Bert II of item 18.)	
	MEDICAL		OF INJURY (Home, ferm, 201 (City or town) county, street, office bldg., etc.)	(Stete)
		21. I certify that I took charge of the remains described above, held	an Autopsy , Inspection X. Inquiry , a	nd in my opinion
		death resulted from: Natural causes , Accident , Suicide	Homicide , Undetermined manner	
		m Mappi	CHIEF MEDICAL EXAMINER [] BOACO M	
		SIGNATURE HOWELL COULTER	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
-		EXAMINER'S Gerald C Polmer M	D. DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	5-1-61
	22e.	ie. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CR	REMATORY 22d. LOCATION (City, town, or country)	(Stete)
1		Burial June 4,1961   Poplar Grove Me		
1	23.	3. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	
	1	finally (halurn) Stewartstown, Pa	B. DATUN 5 '61 arthur S. Kr	Mila

M. . #2 telester Life . Black track of another it mendates Turk and the and the second of the second of If not other many the contract to the contract of the contract A CONTRACTOR OF THE PROPERTY OF THE PARTY OF

Division of STATISTICAL RESEA FOR STATE 1. PLACE OF DEATH a. COUNTY b. COUNTY e. STATE Page MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MAKNES 9. NEVER MARRIER last birthday) 5 may d 2 wi hours 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR an done during most of working life, even if retired) PM3. P 13. FATHER'S NAME File ARMED FORCES? mazor dates of service 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and guoi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) O Office DUE TO burial Conditions, if eny, which (b) gave rise to immediate ceuse m DUE TO (e), stating the underlying cause lest. nsed on, CERTIFICATION pe сгета plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 1 20f. (City or town) fectory, street, office bldg., etc.) While Not While et work et work OR: P 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry forwarded I death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER Be for SIGNATURE 9 designat DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S should strong FUNE NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATERY 22e. BURIAL, GREMATION ₫40 g REC'D BY REGISTRAR

5M 9/60

**BALTIMORE 1, MARYLAND** 

USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)

c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)

e. IS RESIDENCE ON A FARM? YES NO

Day Year

AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS.

Months Days

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED?

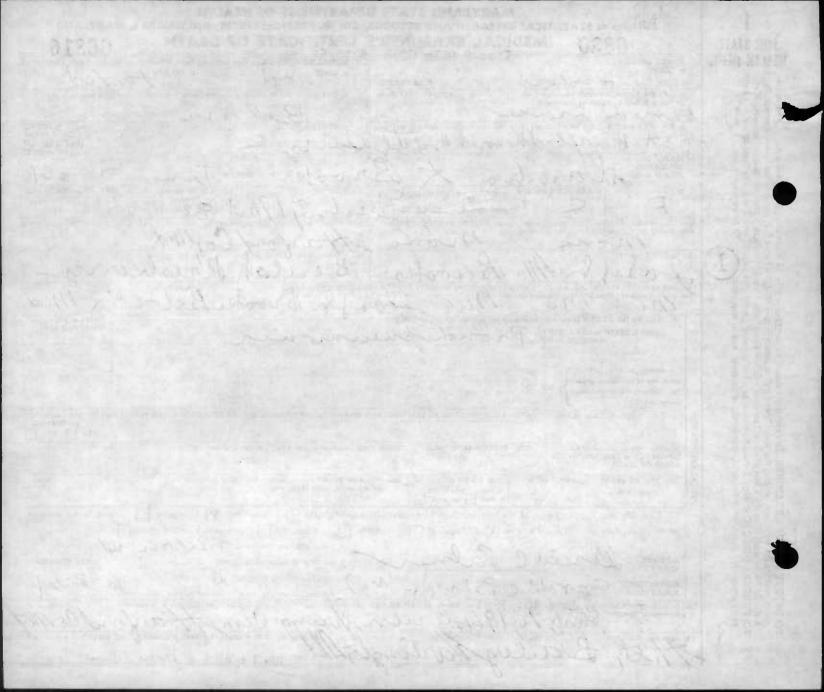
NO -

(County) (Stete)

and in my opinion Undetermined manner

DATE SIGNED

24b. REGISTRAL SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY Page e. STATE b. COUNTY director. Page MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN [If outside corporete limits, write RURAL end give neerest town] write RURAL and give nearest town) leston d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give reet eddress) d. STREET ADDRESS State 3. NAME OF First Middle DATE Last DECEASED OF (Type or print) DEATH OX 2 with 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 8. 5 may d 2 wi hours last birthdey) Months I WIDOWED DIVORCED 11. BIRTHPLACE (State or foreign country) I in Item 18. Give Pages 1, 2, ong with form PM3. Page 5 nnsit permit. File pages 1 and in any event, within 72 h OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRA 12. CITIZEN OF WHAT COUNTRY? done-during most of warking life, even if retired) 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME U.S. ARMED FORCES? C16. SOCIAL SECURITY NO. | 17. INFORMANT Address. (Yes, no, b) unkown) | (If yes pive wer or detes of service) yes world war 215-09 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] along transit g PART I. DEATH WAS CAUSED BY: " in pencil i Office alor IMMEDIATE CAUSE (+) burial-t DUE TO Conditions, if any, which (b) geve rise to immediate cause 9 0 pending DUE TO Examiner's (a), steting the underlying This certificate 5 cause lest. ion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY pe Word crema Medical plnods 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief R: Page ior to bu 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) factory, street, office bldg., etc.) While Not While et work et work prior p.m OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry should be forwarded FUNERAL DIRECT death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 40 9

e. IS RESIDENCE

Yeer

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO P

(Stete)

and in my opinion

DATE SIGNED

0

(Stete)

Deys

(County)

enthur S. Thous

240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

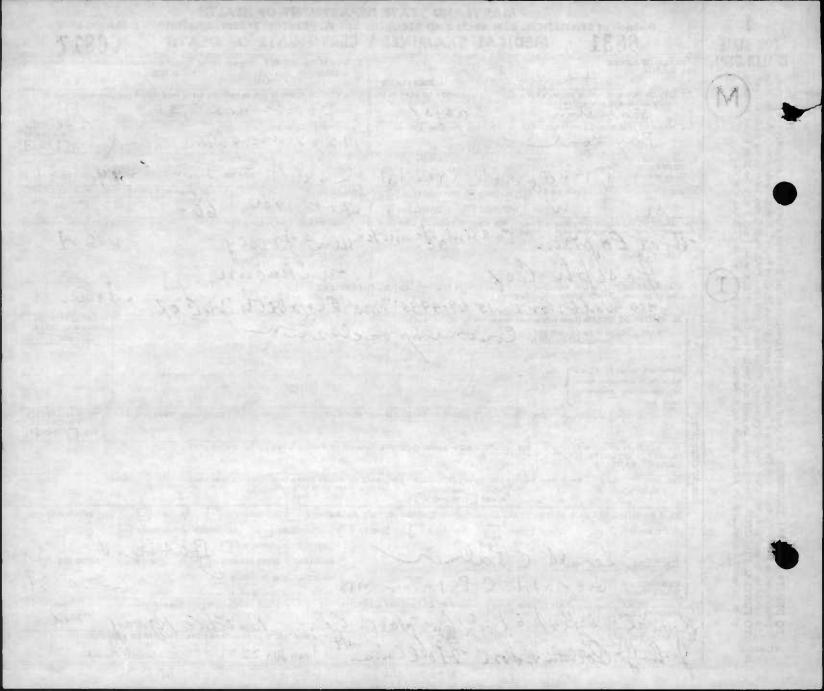
DATE JUN 2

IF UNDER 24 HRS.

ON A FARM? YES INO I

VS. ATSME 5M 9/60

FUNERAL DIRECTOR



### MARYLAND STATE DEPARTMENT DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY e. STATE the d 2 death. c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) and b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 filled in by Pages 1 hours after # d. STREET ADDRESS IS RESIDENCE NAME OF HOSPITAL hospital, give ON A FARM? YES NO completely papers. DETE Dey Year NAME OF Month 72 DECEASED DEATH 19 (Type or print) within AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED carbon NEVER MARRIED lest birthdey) Months Hours Min. physician and WIDOWED DIVORCED event, 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY USUAL OCCUPATION (Give kind of work RIRTHPI ACE (County & State, or foreign country) remove done during most of working life, even if retired any 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please = the attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] physician. ONSET AND DEATH signed by secondary to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO sease incompatible affending Conditions, if eny, which has been geve rise to immediate ceuse DUE TO (e), steting the underlying bold by the hospital or at After this certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 1 prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached for (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work p.m 19.24, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from.... saw the deceased alive on... 22b. DATE 22a. SIGNATURE SIGNED MED. STAFF ATTENDING DIRECTOR PHYS. PHYS. O HOSPITAL death. Page director, page be filed with the 22d. ADDRESS 22c. PHYSICIAN NAME (Type) 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY 23e, BURIAL, CREMATION, 23b. DATE THEREOI SMOVAL (Specify) OF 25e. REC'D BY 25b. REGISTRAR'S SIGNATURE EUNERAL DIRECTOR'S SIGNATUR VR A15 (4) arthur S. Kraus 15M 9/60

: 4 TATE OF THE STORE OF THE STORE OF THE THE STATE OF THE PROPERTY OF WARRING TO SERVENT TO SERV Equilitie heart distruction wasty thirty with after from the forth with the state of the to the win the same of the sam BORNA - LETTER WILLES TEN - VIEW TORK CO. The splanting the apple of the area server. The color of the color of the

### hospital or attending physician. After this certificate has been signed by the attending physician and completely and in by the funeral director, After this certificate has been signed by the attending physician and compared for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with hurial cremation, or removal, and in any event within 72 hours ofter death. tath: Poge 4 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with TO FUNERAL DIRECTOR Page 3 should be detor

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6833 CERTIFICATE OF DEATH

Reg. Dist. No. 06819

Harford  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Edgewood  d. NAME OF MOSPITAL (If not in hospitol, give street oddress)  d. STREET ADDRESS 123 Bellvue Ave.,  d. STREET ADDRESS 123 Bellvue Ave.,  e. IS RESIDENCE ON A FARMY FOR OF MARY SES IN OUT  S. SEX  6. COLOR OR RACE  White  WIDOWED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  New York  10. SUSUAL OCCUPATION (Give kind of work done)  during most of working life, even if refried)  Dancing  14. MOTHER'S MANKE  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. COLOR OR RACE  New York  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  17. HARTS MANKE  DATE OF DEATH  JUNE  18. CAUSE OF DEATH  Address  Tennien  18. CAUSE OF DEATH  LOSI  DATE OF DEATH  JUNE  19. AGE (in went in funder: buy brindoy)  Months Doys Hours Min.  19. CITIZEN OF WHAT COUNTRY.  U. S. A.,  19. COLOR OR RACE  New York  10. SIRMING FORCES?  10. SOCIAL SECURITY NO. 17. INFORMANT  Address  Tennien  11. MOTHER'S MANDEN NAME  PART I. DEATH WAS CAUSED BY: MONTHS DOYS AND DEATH  DUE TO CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE
RURAL ond give negorest form)  Edgewood  d. NAME OF HOSPITAL (if not in hospitol, give street oddress)  d. STREET ADDRESS  123 Bellvue Ave.,  e. IS RESIDENCE ON A FARM? YES   NO D  3. NAME OF DECEASED (Type or print)  IT ene  Mary  De Forge  DeATH  June  16 19 61  19 61  5. SEX  6. COLOR OR RACE White   WIDOWED   DIVORCED   May, 7,1895  White   WIDOWED   DIVORCED   May, 7,1895  100. USUAL OCCUPATION (Give kind of work done of during) most of working life, even if refired)  Teacher  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Tennien  15. WAS DECEASED FUR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  New York  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c))  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate your couse per line for (o), (b), and (c) your couse of couse (o), stoling the under-lying couse lost.  (c)  PORT ADATE  Month Day  PART I. DEATH (Enter only one couse per line for (o), (b), and (c) your couse per line for (o), (b), and (c) your couse (o), stoling the under-lying couse lost.  (c)  PORT ADATE  Month Day  PART I. DEATH (Enter only one couse per line for (o), (b), and (c) your couse (o), stoling the under-lying couse lost.  (c)  PORT ADATE  Month Day  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate your couse per line for (o), (b), and (c) your couse per line for (o), (b), ond (c) your couse per line for (o), (b), ond (c) your couse per line for (o), (b), ond (c) your couse per line for (o), (b), ond (c) your couse per line for (o), (b), ond (c) your couse per line for (o), (b), ond (c) your couse per line for (o), (b), ond (c) your couse per line for (o), (b), ond (c) your couse per line for (o), (b), ond (c) your couse per line for (o), (b), ond (c) your couse per line for (o), (b), ond (c) your couse per line for (o), (b), ond (c) your couse per line for (o), (b), ond (c) your couse per line for (o), (b), ond (c) your couse per line for
d. NAME OF HOSPITAL (If not in hospitol, give street oddress)  123 Bellvue Ave.,  123 Bellvue Ave.,  124 Bellvue Ave.,  15 Bellvue Ave.,  16 Interest Note of Park Post Note of Park Park I. Death Was Cause By:    Note of Park Post Note of Park Park I. Death Was Cause By:   Note of
3. NAME OF DECEASED First Middle Lost 4. DATE OF DECEASED FOR PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gove rise to immediate Couse (c). Hold of DUE TO
Second   Color   Col
5. SEX  6. COLOR OR RACE  Temale  White  Widowed  Divorced  Divorced  May, 7, 1895  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Teacher  13. FATHER'S NAME  Patrick Casey  14. MOTHER'S MAIDEN NAME  Patrick Casey  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (If so so of service)  16. SOCIAL SECURITY NO. (If yea, give wor or dates of service)  17. INFORMANT  DO 17. INFORMANT  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if eny, which gove rise to immediate couse (o), stoling the under-lying couse lost.  DUE TO  Conditions, if eny, which gove rise to immediate couse (o), stoling the under-lying couse lost.  DUE TO  Color of RACE  Temple  B. DATE OF BIRTH  May, 7, 1895  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if eny, which gove rise to immediate couse (o), stoling the under-lying couse lost.  DUE TO  Conditions, if eny, which gove rise to immediate couse (o), stoling the under-lying couse lost.  DUE TO  Conditions, if eny, which gove rise to immediate couse (o), stoling the under-lying couse lost.  DUE TO  Conditions of the couse of the couse (o) to the couse (o), stoling the under-lying couse lost.  DUE TO  Conditions of the couse (o) to the couse (o) to the couse (o), stoling the under-lying couse lost.
Temple white widowed Divorced May, 7, 1895  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Teacher  13. FATHER'S NAME  Patrick Casey  14. MOTHER'S MAIDEN NAME  Patrick Casey  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (I've, no. of withness) (I'ves, give wor of dotte of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  OO9-22-6457  Mrs. Delores Poziomek Edgewood Maryland  18. CAUSE OF DEATH (Enter only one cause per line for (o), (th), and (ch)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate cause (o), stoling the underlying couse lost.  Co.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Teacher  13. FATHER'S NAME  Patrick Casey  14. MOTHER'S MAIDEN NAME  Patrick Casey  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  18. CAUSE OF DEATH [Enter only one cause per line for (o), (t), and (c)]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if any, which gove rise to immediate cause (o), stoling the under-lying couse lost.  DUE TO  Conditions, if any, which gove rise to immediate cause (o), stoling the under-lying couse lost.  DUE TO  Color of the under-lying couse lost.  DIVORCED May, 7, 1895  May, 7,
Teacher  13. FATHER'S NAME  Patrick Casey  14. MOTHER'S MAIDEN NAME  Patrick Casey  15. WAS DECEASED EVER IN U. S. ARMED FORCES? Id. SOCIAL SECURITY NO. IT. INFORMANT  NO
13. FATHER'S NAME  Patrick Casey  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT  NO. (If yes, give wor or dates of service)  NO. (If yes, give wor or dates of s
Patrick Casey  15. WAS DECEASED EVER IN U. S. ARMED FORCES? I.6. SOCIAL SECURITY NO. 17. INFORMANT  Address  NO. O09-22-6457 Mrs. Delores Poziomek Edgewood Maryland  18. CAUSE OF DEATH [Enter only one cause per line for (o), (t), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stoling the underlying couse lost.  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stoling the underlying couse lost.  Conditions of the underlying couse lost.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown] [If yes, give wor or dates of service] [OO9-22-6457] Mrs. Delores Poziomek Edgewood Maryland  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stoling the underlying couse lost.  (c)  DUE TO  Conditions of the underlying couse lost.  (c)
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. or unknown)  10  118. CAUSE OF DEATH [Enter only one cause per line for (o), (th, ond (c))  119. CAUSE OF DEATH [Enter only one cause per line for (o), (th, ond (c))  129. PART I. DEATH WAS CAUSED BY:  129. IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate cause (o), stoling the under-lying couse lost.  DUE TO  Column 17. INFORMANT  Address
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stoling the under-lying couse lost.  DUE TO  Column Death  DUE TO  Coulons Death  DUE TO  Column Death  DUE TO  Coulons Death  DUE TO  Column Death  Dea
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate cause to immediate cause (o), stoling the under-lying cause lost.  DUE TO  Columnation (b)  DUE TO  Columnation (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  Conditions, if any, which gove rise to immediate couse (o), stoling the under- lying couse lost.  ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stoling the under-lying couse lost.  DUE TO  DUE TO  Conditions, if any, which (b)  DUE TO  Couse (a), stoling the under-lying couse lost.
Conditions, if any, which gove rise to immediate couse (a), stoling the under-lying couse lost.  (b)  DUE TO  Polye 4 Hours Veloa
gove rise to immediate couse (a), stoling the under- lying couse lost.  DUE TO POLY BY TOMAN USE COURTS COURT COURTS COUR
couse (o), stoling the under. DUE TO 1994 Across Colors (c) 1994 Across Colors
lying couse lost. (c) TO 4 & 4 KMLA LOVA
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?
PERFORMED?  YES IND MOT
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. st.  P. m. 19 Of work of wor
Hour o. 11.  While Not while foctory, street, office bldg., etc.)  p. m.  19 ot work of work
21. I certify that I attended the deceased from 3/1, 196, to 196, that I last saw the deceased
alive an, 19, and that death occurred atM, from the causes and an the date stated above.
ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE E3-BOULE ACTION (ON D. ) Edgewood Maryland
PHYSICIAN'S
NAME (Type) E. Louis Kahan Edgewood Maryland 6/16
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City Town or county)
REMOVAL (Specify)
23, FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRE
Abingdon, Maryland DATE, 111 9 '61 arthur S. Kraus

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	Total Delonosti		. A A. L A A A A A	THE

# TO HOSPITAL TIENDING PHYSICIAN: The law requires that the death certificate be ted within the constant of the constitution of the constitution of the constitution of the constitution of the certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

6834 CERTIFICATE OF DEATH

PLACE OF DEATH     COUNTY	I a warrant married that are described it leathering Decidence before admission.
Harzford MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)  e. STATE  b. COUNTY  b. COUNTY
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) Aberdeen	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) Suffern 69x-3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS   e. IS RESIDENCE
622 Webb Street	43 Lafayette Avenue
3. NAME OF First Middle DECEASED	Lasi 4. DATE Month Dey Yeer OF June 20. 10.61
(Type or print) MARY L. DE PATTO	17 -
5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8  Female White WIDOWED NOT DIVORCED	December 11, 1892  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Hours   Min.   Months   Deys   Hours   Min.   Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired) Housewife at home	Balto. Md. USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Camper	Gabrielle Celeste Scrmiger
5. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1	NFORMANT Address
Yes, no, or unkown) (Ifyesgive werordates of service)	s. Harry R Retaleate- 622 Webb St Aberdeen,
Conditions, if eny, which geve rise to immediate ceuse (e), stelling the underlying ceuse lest.  DUE TO  Compostif A  DUE TO  (b)  DUE TO  Hyper +en	Leor Disease 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES TO NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING [7]   20b. DESCRIBE HOW INJURY OCCURED	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Pert I or Pert II of Item 18.)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour e.m. 19 While Not While et work 21. 1 certify that (I) (this hospital) attended the deceased from.	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA While Not While et work 21. 1 certify that (I) (this hospital) attended the deceased from. saw the deceased alive on 22e. SIGNATURE COLUMN 4. , and that	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) ory, street, office bldg., etc.)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA While Not While et work 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on 200. 196. , and that 22e. SIGNATURE COLUMN	(CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) (County), street, office bldg., etc.)  death occurred at
20c. TIME OF INJURY Hour e.m. p.m.  19   20d. INJURY OCCURRED   20e. PLA fed while   Not While   Not While   et work	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)  Ory, street, office bldg., etc) (City or town) (County) (State)  Ory, street, office bldg., etc) (City or town) (County) (State)  Ory, street, office bldg., etc) (City or town) (County) (State)  Ory, street, office bldg., etc) (City or town) (County) (State)  Ory, street, office bldg., etc) (City or town) (County) (State)  Ory, street, office bldg., etc) (City or town) (County) (State)  Ory, street, office bldg., etc) (City or town) (County) (State)  Ory, street, office bldg., etc) (City or town) (County) (State)  Ory, street, office bldg., etc) (City or town) (County) (State)  Ory, street, office bldg., etc) (City or town) (County) (County) (State)  Ory, street, office bldg., etc) (City or town) (County) (Co
20c. TIME OF INJURY Hour e.m. p.m.  19   20d. INJURY OCCURRED   20e. PLA fact white et work   19   19   19   19   19   19   19   1	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)  Ory, street, office bldg., etc) 20f. (City or town) (County) (Stete)  death occurred at

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
6835
CERTIFICATE OF DEATH

0000		00081
1. PLACE OF DEATH  e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution	on: Rasidanca perore admission
Hantord MARYLAND	. STATE Mary auc. b. COUNTY	Hartord.
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURA)	L end give neerest town)
Wita RURAL and give nearest town	X Varlington Pural	1395 375
NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
(Box 229 (Teas Jublin)	Bot 229 ( Thear Tublic)	YES NO
3. NAME OF First Middle	Last 4. DATE Month	Dey Yaar
(Typa or print) Anvira LOX41e	Edwards Death 6	12 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE (in years IF UND last birthday)  Month	DER 1 YEAR IF UNDER 24 HRS.
Mace White WIDOWED DIVORCED ]	10/13/1908 12 yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratified)	Y 11. BIRTHPLACE (County & Steta, or foreign country) 12.	CITIZEN OF WHAT COUNTRY
self eup. 165tawant 1651aurant	North Verolina	usin
13. FOTHER'S NAME	Flore wer Evans.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	MFORMANT Address	11.1.1
(Yes, no, or unkown) (Ifyes givawer or dates of service)	11 1 1	yarling/ou
18. CAUSE OF DEATH [Enter only one erose per line for (a), (b), and (c).]	Twa Evars Edwards - Bo	1 INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	#200.00	ONSET AND DEATH
IMMEDIATE CAUSE (a) COLOMBIA OF	110 yale	142
Moto Te. H	Ras	
Conditions, if any, which gave rise to Immadiate causa	Man	
(e), steling the underlying DUE TO		
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		PERFORMED?
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED	. (Entar nature of injury in Part I or Part II of item 18.)	110 [] 110 [21
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		(County) (State)
at work at work	ory, streat, office bldg., etc.)	
21. 1 certify that (I) (this haspital) attended the deceased from.	Aun 8 , 1961, 10 June (2)	19.6. , that (I) (we) las
	death occured at 2.7M, from the causes and o	
220. SGNATURE		22b. DATE
Miller Hulling Man M	D. ATTENDING MED. STAFF	June 12, 196
22c. PHYSICIAN'S	22d. ADDRESS	1
NAME (Type Daldley this ps MI)	) Downgton m	4
	OR CREMATORY 23d. OCATION (City, town or c	ounty) (Stete)
Burial 6/14/61 Bellin Wello	rial gardens   Bel Ker. Illa	ryland.
24 FUNERAL DIRECTOR'S SUGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRA	S SIGNATURE
Jours 4. 1007149 was olly. way	DATE DATE	20.

IO HOSPITAL
ATTENDING PHYSICIAN: The law requires that the death certificate be technically within hours after a death. Page 4 m on retained by the hospital or attending physician.

Yellow the physician and completely filled in by the funeral structures of the physician and completely filled in by the funeral structures as should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any every. Within 72 hours after death.

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### VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6836 CERTIFICATE OF DEATH

		6836	CERTIFICA	ATE OF DEATH		Reg. Dist. No	06822
	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  NAME OF HOSPITAL (If not in hospital, give street additional contents)	MARYLAND LENGTH OF STAY IN 1b ress)	c. CITY OR TOWN (IF or	LAND b. co	HARF	ORD
	5. 9	NAME OF DECEASED (Type or print)  SEX   6. COLOR OR RACE   7. MARRIED		B. DATE OF BIRTH  DEC. H. 188  STRY 11. BIRTHPLACE (State of the Control of the C	D CO. 1	day) Manths Days	19 6/ 19 6/ I IF UNDER 24 HRS. Hours Min. DF WHAT COUNTRY
)	15. (Yes	1B. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY:	ONE	RACHEL NFORMANT Olin R. He	ANN FL	ETCHER Address U Hone R INTIONS	ERVAL BETWEEN
	CATION	Conditions, if any, which gave rise to immediate couse (a), stoting the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITIO	IN GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
)	L CERTIFI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	RY OCCURRED 20e. Pt Not while fo	D. (Enter nature of injury in P ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
		21. I certify that I attended the deceased alive on June 15 19 4 ACTUAL SIGNATURE COLOR OF ACTUA	from June L, and that death June on HY So 1			P. L., that I last so ses and an the da town, state)	
	B	BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) 6-20-196/ 7  FUNIERAL DIRECTOR'S SIGNATURE  STUDIES OF THE STUDIES OF TH	AYRES CH ADDRESS Livaristown	APEL CEM.	104	egistrar's signatur	(Stote)

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 06823

/[	PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased lived, If Institution: Residence be	fore admission)
-	e. COUNTY HARFORD MARYLAND	a. STATE MARNIAND b. COUNTY HARFO	RD
-	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give/nearest town)	c. CITY OR TOWN (If ourside corporate limits, write RUKAL end give neere	st town)
	HAURE DEGRACE 16 HRS,	SHREET X	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS e.	IS RESIDENCE ON A FARM?
4	HARFORD MEMORIAL HOSP.	YE	S NO
1	3. NAME OF First Middle	Last 4. DATE Month Dey	Your
	(Type or print) EIMER JAMES F	titchcock DEATH JUNE 6	1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	7	NDER 24 HRS.
	MAIE WhitE WIDOWED DIVORCED	4-4-1887 74 yrs.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WI	A_
	Farmer Tenant	MARYLAND 71.S.	7.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
-	Unknown	Unknown	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I (Yes, no, or unkown)   (Ifyesgivewerordelesofservice)		
		Daisy B. Hitchcock Street, Maryland	AL BETWEEN
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:	ONSET	AND DEATH
	IMMEDIATE CAUSE (6)	an accident	1/m_
	Conditions, if any, which		
	gave rise to immediate cause		
	(a), steting the underlying DUE TO		
	ceuse lest. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	IT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. V	AS AUTOPSY
	PART II. OTHER SIGNAFICANT CONDITIONS CONTRIBUTION TO BEAT TO THE	Carl Vec	PERFORMED?
	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED	(Enter netuce of Injury in Part I or Pert II of item 1B.)	LI NO A
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  BACIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED  OR CONTRIBUTING   CAUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)		
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, ferm,   20f. (City or town) (County)	(State)
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour e.m. p.m. 19 at work et work	ory, street, office bldg., etc.)	
	21. I certify that (I) (this hospital), attended the deceased from	6/5 196, to 6/6 , 196, that	(I) (we) last
		death occured at 4.5M, from the causes and on the date	
	228. SIGNATURE N	ATTENDING MED. STAFF	226. DATE
	Hidle Fulling ms "	D. PHYS. DIRECTOR PHYS.	16/61
	22c. PHYSICIAN'S NAME (Typa)	22d. ADDRESS	A
	Dicatey Thillips 111	1 UTRINGION, M.	O'
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY ( REMOVAL (Specify)	the state of the s	(State)
	Barial June, 9, 1961 Bel Air Mem	orial Gardens Bel Air, Harford, Mar	
	2) TUNERAL DIRECTOR'S SIGNATURE ADDRESS Abingdon,	Md., 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
1	Hurard Me which	Ma., DATE JUN 12'61 Cheshun S. France	

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W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) 1. PLACE OF DEATH b. COUNTY MARYLAND outside corporete limits, write RURAL and give neerest town) filled in by 1 Pages 1 and hours after e. IS RESIDENCE ON A FARM? FORT HOYLE YES NO completely papers. NAME OF DECEASED DEATH (Type or print) 19 6 AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. RACE | 7. MARRIED last birthdey) Months and WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? physician 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) KAIL ROAD SCHUYLKI ENGINEER 13. FATHER'S NAME please TEM STERMACHER 2 attending B.MILLERZANDERS SON IN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. removal, (Yes, no, or unkown) | (If yes give wer of dates of service the INTERVAL BETWEEN permit. and)(c). 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO aftending Conditions, if any, which has been gave rise to Immediate ceuse DUE TO (a), steting the underlying the THE TERMINAL DISEASE CONDITION GIVEN IN PART 40-19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO After this certificate EREORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING [7] Dri for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) tached (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' (County) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.] Not While Hour a.m. at work at work p.m. CIOR / 19 ....., that (I) (we) last aftended the deceased from..... 21. I certify that (I) (this hospital) pluods and that death occured et #. M. from the causes and on the date stated ebove. saw the deceased alive on...... 22b. DATE 220. SEENATURE ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. M.D FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) filed v 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. DATE THEREOF SCHUYLKILL HAVEN MEM. PARK SCHUYLKILL REMOVAL (Specify) O F & 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE NELAL DIRECTOR'S SIGNATUR VR A15 (4) 15M 9/60 arthur S. Thank

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108	tems 18&21 Film 292 MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR.	16295
HEALTH DEPT.	1. PLACE OF DEATH  a. COUNTY  Harford  MARYLAND  2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence of the county of the coun	
irector. Payour files	b. CITY OR TOWN (If outside corporate limits, write RURAL and give write RURAL and give neerest town)  c. LENGTH OF STAY IN 1b  Street	nearest lown)
delay is eral direction of for year Board	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Harford Memorial Hospital  A. STREET ADDRESS	a. IS RESIDENCE ON A FARM? YES NO
any che fun the fun the Stat or death	3. NAME OF First Middle Last 4. DATE Month Dey DECEASED (Type or print) MARY JAIVE JOHNSON DEATH JUNE 2	7 19 61
dead 3 to may be with 1 with 1	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  Female Colored WIDOWED DIVORCED 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In years left update) Honoles Days  Months Days	IF UNDER 24 HRS. Hours Min.
ours after les 1, 2, at Page 5 n s 1 and 2 n 72 hou	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or foreign country)  112. CITIZEN C	OF WHAT COUNTRY
24 hours	DOMESTIC HOUSE TOCKS MD. 43  13. FATHER'S NAME  14. MOTHER'S MAÎDEN NAME	5 17
語の目に属すり	15. WAS DECEASED EVER IN V.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (Yes, no, or unknown) [If yespervawer or dates of service)	
tem 18. with fo permit.	No. MRS. VANE JOHNSON. ROCKS	MD TERVAL BETWEEN
e execution of the second in I	PART I. DEATH WAS CAUSED BY: Hemoglobinuric Nephrosis	NSET AND DEATH
ould b in per Office burial- novai	Conditions, if any, which (b)	
nding" iner's d as a or rer	gava rise to immediate cause (a), stating the underlying causa last. (c)	
s certificated be used mation,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES X NO
ER: Thi Medica should rial, cre-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
AMIN) writing te Chief Page 3	20c. TIME OF INJURY Month, Dey, Year Hour a.m. 20d. INJURY OCCURRED While Not While Sectory, street, office bldg., etc.)  20d. INJURY OCCURRED Sectory, street, office bldg., etc.)	(State)
M. CAL EX to the cartificate forwarded to the L DIRECTOR: afed agent, prio	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner X	in my opinion
the certification of the certi	CHIEF MEDICAL EXAMINER	DATE SIGNED
N. 3	SIGNATURE M.D. DEPUTY MEDICAL EXAMINER [	/28/61
DEPUTY Asso exectshould be FUNER! its design	NAME (Type)  Address (Street, city, town, or county)  22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	(State)
0 g 4 0 g	BEMOVAL (Specify)  BURIAL 6/30/61 CHESTNUT GROVE  POCKS  ADDRESS  248. REC'D BY REGISTRAR   240. REGISTRAR'S SIGNAT	MD.
VS. A15ME 5M 9/60	Charles 6. Furt Parrellovello DANGUN 30'61 ariun 8. Trans	
1	) 7 / md	

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10000 TOTALL - THERE Contentions - Inter TEN OZ SWOOM I DOME STATE OF THE STATE March Committee of the same 6/21/61 --the state of the s

24b. REGISTRAR'S SIGNATURE

S. Thatel

24g, REC'D BY REGISTRAR DATE JUN 6

W. Brondway + Williams &.

BEI Air, Manyland

should be filed with ara! the and 0 Pages camplet papers. death. physician any gned as the burial-transit remayal, certificate prior pe TO FUNERAL DIRE 3 should he registrar page

o. COUNTY

BEI

377

NAME OF

DECEASED

No

ACTUAL

Buria

23. FUNERAL DIRECTOR'S SIGNATURE

W. Foster

5. SEX

(Type or print)

15M 9/55

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	O meridan Bullion
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## TO HOSPITAL. Gretained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

6842	CERTIFICATE	OF DEATH		06828
1. PLACE OF DEATH  o. COUNTY			here dacaased livad, If institutions	Rasidance before admission
HORFORD	MARYLAND	a. STATE Md	b. COUNTY	ORFORD
by CITY OR TOWN (if outside comprete limits, write RURAL and give naarasthawn)	c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If outside	la corporate limits, write RURAL an	id giva nearest town)
HAURE de DRACE	23 days	Edgo Wood	X	
d. NAME OF HOSPITAL OR INSTITUTION (if not	in hospital, give straet address)	d. STREET ADDRESS		e. IS RESIDENC
HARFORD MEMOR	IAL HOSPITAL	Box 74		YES NO
3. NAME OF First	Middla	Last 4. D.		Day Yaer
(Type or print) MARIC	Me	elchior D	EATH LUNC 3	26 196/
5. SEX 6. COLOR OF RACE 7. N	MARRIED NEVER MARRIED   8	. DATE OF BIRTH	9. AQL (In years   IF UNDER   Months	1 YEAR IF UNDER 24 HRS Days Hours Min.
	DOWED DIVORCED	Nov.9,1892	68 yrs.	
da. USUAL OCCUPATION (Giva kind of work dona during most of working life, aven if retired)	1Db. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & St.	ate, or foreign country) 12. Cl	TIZEN OF WHAT COUNTR'
none	none	Baltimore, Md.		U.S.A.,
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Lewis Wagner		Catherine S		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyasgivawarordatesofsarvice	a)	NFORMANT	Address	
no		George W. Melchi	or Edgewodd l	Maryland.
18. CAUSE OF DEATH [Entar only one cause PART I, DEATH WAS CAUSED BY:	a par line for (a), (b), and (c).	1		ONSET AND DEATH
IMMEDIATE CAUSE (a)	Ovarian (	-arcinon	el.	
1/50 DUE TO				
Conditions, if any, which (b)				
gave risa to immadiate cause (e), stating tha underlying  DUE TO				
causa last. (c)				
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PAR	T 1(e) 19. WAS AUTOPSY PERFORMED?
CAT				YES NO
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURED	. (Enter natura of injury in Part I o	Part II of itam 18.)	
2Dc. TIME OF INJURY Month, Day, Year Hour e.m.		CE OF INJURY (Homa, farm, 20)	f. (City or town) (Cou	unty) (State)
P.m. 19	at work et work		A	
21. I certify that (I) (this hospital)		,	8 to U.N.C. 26., 19	
saw the deceased alive on	e) 12.619.61, and that	death occured at A.M.	from the causes and on	
220. SIGNATURE	///	ATTENDINGMED.	STAFF	22b. DATE SIGNI
6 Jams to	ellan M	.D. PHYS. DIRECTO	OR PHYS.	6/2
22c. PRYSICIAN'S NAME (Typa)		22d. ADDRESS	M	
E. Louis Kal		Edgewood		(6)
23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		LOCATION (City, town or coun	
Burial June, 29,19			Baltimore	Maryland,
24 FUNERAL DIRECTOR'S SUSMATURE	ADDRESS Abingd	on, Md., DATE JUN	REGISTRAR'S	S. Thank
Honord / mc church	Antuga	OII, MU., DATE		

bridge of these states blacked. to the same of the state of the state of the same of t ( . . V . 1.3.... C the in Sell 1 mis ; siwe. George . Acconium de de de la land. ARTHURSTON II - MILE Edgewood Maryland. i. louis chin 30. t. 1013 Janija W samiji 18 Buria June, place binsion, L.,

DIVISION OF STATISTICAL RESEARCH AND RECORDS STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 6843 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) by # CITY OR TOWN (if outside corporate limits, RIAL and give naarest tow filled in b Pages 1 urs after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, completely 3. NAME OF Middle DATE DECEASED OF (Typa or print) DEATH 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR NEVER MARRIED 8. 7. MARRIED and last birthday) Months WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Giva kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if retired) Then please r 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death that the Yas, no, or unkown (Ifyesgivawarordatas of servica removal Unlanown ig physician. signed by the 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate causa **DUE TO** (a), stating the underlying cause last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY as use prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) factory, street, offica bldg., atc.) Whila Not While Hour a.m. at work at work p.m. SCTOR: .19.6., and that death occured at. M. from the causes and on the date stated above. saw the deceased alive on.... 22e. SIGNATURE ATTENDING' MED DIRECTOR PHYS. death. Page 4 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) rector, 236 BURIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) REMOVAL (Specify) 흥 80 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

nd give nearest town)

Day

Days

(County)

Chilling & Kings

DATEJUN 2 0 '61

...., 19.6., that (I) (we) last

a. IS RESIDENCE ON A FARM? YES NO

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO F

(Stata)

22b. DATE

SIGNED

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

Min.

VR A15 (4) 15M 9/60

The first the state of the state of Whish and there that me Mile with A William Joyle Wingles Hill The San Ho The state of the s 

7253 and the track the land the lan (Taroff) negreeon (Auroff) neerroon AND THE STATE OF T male -- dimite a soft of the Date T, 1997 of 53 -- Contract James Moulidale Season Season Season Season Yes W.W. 2 1216-01-1910, Haral M. Foulancie, Aberden, Mo. 中华的大学 一种产生的产品的 一种的产品,但我们是一个证明 the west of the second 6.00 (m) 1 ( T.J. Plankett ir. M.D. Olf W. Hel Mir Ave. Aberdaor, C.d. Enrich del Caretery B. . agerdeen, leveland land the family and land the family and the family a

### MARYLAND STATE DEPARTMENT OF HEALTH EET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S CERTIFICATE FOR STAT 6845 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) I director. Page for your files. a. COUNTY Page e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (thoutside corporate limits, write RURAL and give nearest town) write RURAL and give meerast town) for your Middletown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Boa to the funeral e retained the State B NAME OF 4. DATE Middla DECEASED OF (Type or print) DEATH may be 2 with 5. SEX AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Page 5 may 1 and 2 will last birthday) Months pue Mar.19.1919 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY I Give Pages 1, 2, orm PM3. Page : File pages 1 and vent within 72 I done during most of working life, even if retirad) Restaurant Penna., Waitress 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME In Item 18. Giveryong with form PN ansit permit. File p Michael Novack 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Anna Petrasch 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (ffyes give war or detes of service) 187-16-6616 Mrs. Franklin De Cleyre, Hatboro 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] Office along buriel-transit PART f. DEATH WAS CAUSED BY: pue IMMEDIATE CAUSE (a) in pencil DUE TO Conditions, if any, which (b) "pending" geve rise to immediate cause 10 Examiner's DUE TO (e), stating the underlying 98 6 Medical Examine should be used a cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION writing the word 20b. 20e. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Port I or Part ff of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. AL Extificate, 1 to the Ch. 1 R: Page 3. MEDICAL 20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) fectory, street, office bldg., etc.) While Not Whila at work at work should be forwarded to the FUNERAL DIRECTOR: Inspection 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry agent, Accident V Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER Coal designafed ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER W EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) 240 g 0 Felty Funeral Home Hatboro, Montgomery, Removal ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Abingdon, Md.,

. IS RESIDENCE

YES NO IV

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO

(State)

and in my opinion

DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

U.S.A.,

IF UNDER 24 HRS.

Day

Days

(County)

Clathun & France

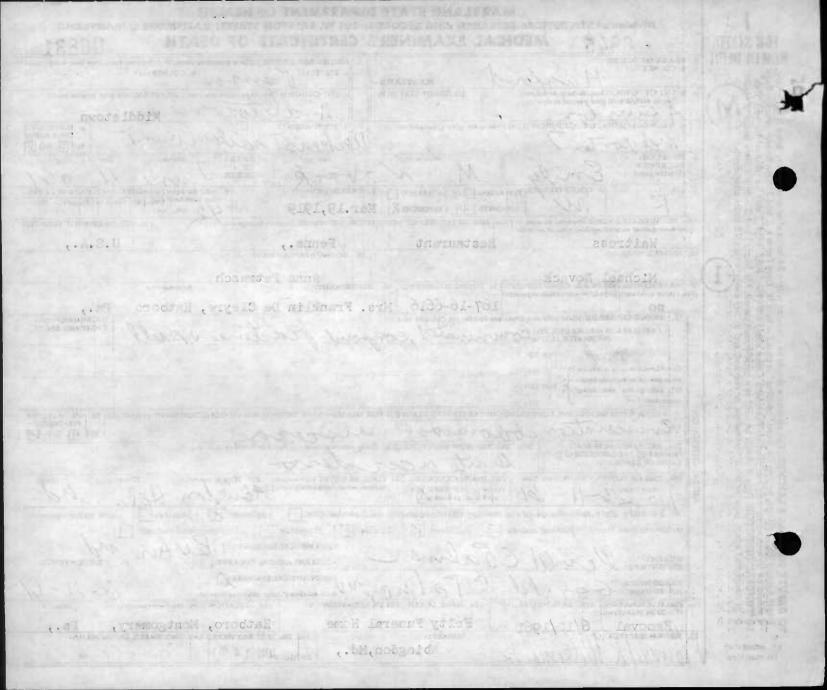
14 '61

JUN

DATE

ON A FARM?

VS. A15ME 5M 9/60



FOR STATE HEALTH DEPT TO DEPUTY MES. SAL EXAMINER: This certificate should be executed within 24 hours after death, any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Pagelth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VS. A15ME 5M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 845 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 86920

O.T.			Ttom X Film C2XX	6/19/61 mh	0000		
PT.		PLACE OF DEATH /		2. USUAL RESIDENCE (Where deceased lived, If	institution: Residence before admission)		
1		a. COUNTY # maker		a. STATE b. COU	_ V		
		11 2009-1-01	MARYLAND	onny.	Dauphine		
-		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	e. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, wri	ta RURAL and give neerest town)		
		Abrington	instant	M. I VITA	162 3 77 1		
	-	d. NAME OF HOSPITAL OR INSTITUTION (if not	instant	d. STREET ADDRESS	Middletown		
!!		d. NAME OF HOSPYAL OK INSTITUTION (II III)	In nospilal, give sireel edgress)	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?		
		M. Marto			YES NO THE		
1		NAME OF First	Middle	Last 4. DATE Mont	th Day Year		
X		DECEASED	P	OF T	1) 1.1		
1		(Type or print) Wilson	2	DEATH Ju	ne // 1941		
3	5.	SEX   6. COLOR OR RACE   7. A	ARRIED NEVER MARRIED 6.	DATE OF BIRTH 1917 . 9. AGE (In years			
		114.0.	70	lest birthday)	Months Days Hours Min.		
	10			Mar.5,1901/ 194 yr			
	do	. USUAL OCCUPATION (Give kind of work na during most of working lifa, aven if refired)	10b. KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
			Austomobil a	Ctuest Manual and	11 G A		
_:	Mechanic Automobile Street, Mar		Street, Maryland	U.S.A.			
				IA. MOTILE S MAIDEN HAME			
	1	Lester C. Pyle		Beulah O. Wilgis			
		WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT Addres	is .		
	(Ye	s, no, or unkown) (Ifyasgivewarordatesofservice					
	-	yes   WW 11		hel B. Pyle, 1116 Robeson	St., Reading, Pa.,		
		18. CAUSE OF DEATH [Enter only one caus	e per lina for (a); (b), end (c).]		INTERVAL BETWEEN		
-		PART I. DEATH WAS CAUSED BY:	satura she	01	ONSET AND DEATH		
		IMMEDIATE CAUSE (a)	- come my -				
		X 9 X DUE TO					
/		Conditions, if eny, which \ (b)			C7 EV 1 20 T C C I SE 150		
	-	gave rise to immediata cause					
		(a), stating the underlying DUE TO					
		cause last. (c)					
774	Z	PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GI			
	ATION				PERFORMED?		
9	U				YES NO		
/	CERTIF	20s. EXTERNAL CAUSE WAS 20b.	DESCRIBE HOW INJURY OCCURED. (E	ntar nature of injury in Pert I or Pert II of Item 18.)			
	3	PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.	to massadine	$\alpha$			
	CAL	20c. TIME OF INJURY Month, Day, Year	20d, INJURY OCCURRED 1, 200, PLACE	CE OF INJURY (Home, farm, † 20f. (City or town)	(Country) (South		
	ŭ	Hour a.m. / _// (_/		ory, street, office bldg., etc.)	(County) (State)		
14	MEDI	110 6 11 19 at work of Rente 7 Abruston defer 200.					
10		21. I certify that I took charge of the	e remains described above hel	ld an Autopsy , Inspection . Inqui	iry , and in my opinion		
	-		- +				
		death resulted from: Natural causes	Accident . Suici	de, Homicide, Undetermined n	nanner		
	CHIEF MEDICAL EXAMINER TO ROLL ASS. MA						
3		ACTUAL TION OUT C	alman	ASSISTANT MENICAL EVAMINED	DETE SIGNED		
De la		SIGNATURE AND ASSISTANT MEDICAL EXAMINER L					
- 1	~	EXAMINER'S GOLDING	Palmail N	DEPUTY MEDICAL EXAMINER	6-11-11		
1	20.	NAME (Type)	IN MEN	Address (Straat, city, town, or county)	0 " 01		
- 1	220	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR		n, or country) (Stata)		
1		REMOVAL (Spacify)					
		Burial 6/14/1961	Bel Air Memori	al Gardens   Bel Air, Har	ford Maryland		
,	23.	FUNERAL DIRECTOR	ADDRESS	24a. REC'D BY REGISTRAR 24b. REC			
1	0	MIMALA PILLETTON	Abingdon, M	laryland Jun 1 4 '61	Ostar & Krosek		
		toward it we wanted	KI	T DATE			

inetent Dilla mera (2 2 D. 15. 81 . . . . . . . . . . . . . . Bochel 3. The Lab hoperon St., senting, b., Ber all Messeriel Cordens Sel alle derton blevens 12000 as . Som Little monarion DALINGER DO

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE FOR STATE 2. USUAL RESIDENCE (Where deceased fived, If institution: Rasidence before mission) 1. PLACE OF DEATH director. Page or your files. e. COUNTY Pennsylvania b. COUNTY Harford MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Delta Darlington a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS for Boar ON A FARM? 3 to the funeral YES T NO refained he State B 4. DATEFOUND Month Day First Year NAME OF Middle DECEASED RANDOW. Jr. JAMES E. 61 DEATH June the 19 (Type or print) 8 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. with 6. COLOR OR RACE 7. MARRIED THE MARRIED DATE OF BIRTH 2 with last birthday) 5 m, and 2 w Months Hours White Male 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even (if retired) 10b. KIND OF BUSINESS OR INDUSTRY Pages 1, 2 M3. Page PM3. Pa pages 1 13. FATHER'S NAME File permit. CAUSE OF DEATH [Enter only one cause per line for (a), Office along w burial-transit p PART I, DEATH WAS CAUSED BY Asphyxia IMMEDIATE CAUSE (a) DUE TO Drowning. Conditions, if eny, which (b) geve rise to immediate cause 85 8 DUE TO (a), stating the undarlying cause last. cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES DE NO 4 Medical pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY or CONTRIBUTING Fell in water. of the Carrier Page 3 irtificate, writing CAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, ferm, (State) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While Md. Bread Creek Darlington Harford 1961 at work el work JNERAL DIRECTOR: P designated agent, prior Found 21. I certify that I took charge of the remains destribed above, held an Autopsy Inspection Inquiry and in my opinion Suicide I Homicide Undetermined manner Acoldent death resulted from: Natural causes standard to care the care should be forwarded by FUNERAL DIRECAR its designated agen CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6/27/61 DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) Petty, Addrass (Street, city, town, or county) 22e. BURIAL, CELLATION, 22d. LOCAJION (City, Jown, or country) (State) 240 g 0 REC'D BY REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME while of Thousand 5M 9/60

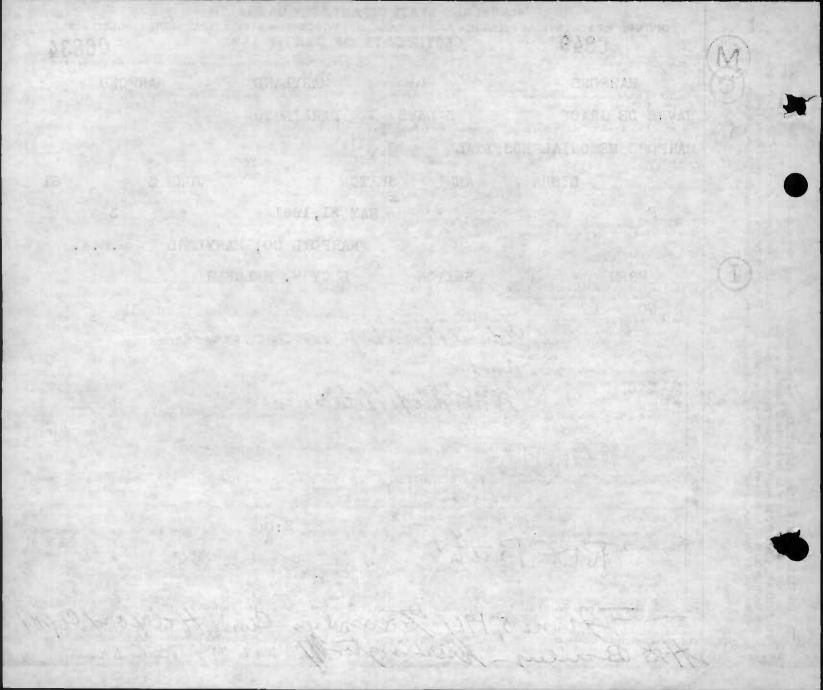
bro'gans 30.00 THE TOURS THE In a Conventor 2 15 A. The state of the second CATA RUNG March James & Hamberl · Trans tell in nation. bright bright bright 18/18/3

	I A TIOTI TABLE	PERMIT AND RECOP	DS, SOI W. PRESIC	M SINCEI, DAL	IMORE 1, MA	KILAND
684	3	CERTIFICA	TE OF DEAT	Н		06833
1. PLACE OF DEATH	0 1		2. USUAL RESIDE	NCE (Where decaased liv	vad, If institution: Rasi	danca bafora admission
a. COUNTY HAR	2 ford	MARYLAN		us land	COUNTY Har	ford.
b. CITY OR TOWN (if outsi	de corporate limits,	c. LENGTH OF STAY IN	1b C. CITY OR TOWN	(If outside corporate limit	s, write RURAL and g	a nearast town)
HAURE	de GA	Page 2/2de	is For	40 Th	hel	
d. NAME OF HOSPITAL O	R INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS	5		e. IS RESIDENC
blacks	Memoria	I Hopeled				ON A FARM
NAME OF	First	Middle	Last	4. DATE	Month D	Day Year
(Typa or intal EDV	£ 1/:11	inh	Roberts	OF DEATH	1.1 7	8 1961
SEX   6. C	OLOR OR RACE   7 M	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In	years   IF UNDER 1 YE	
Mala	1 1 1		1/21/6	last birt	hday) Months Day	
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M. M.	Monn		my	un		
. WAS DECEASED EVER IN as, no, of unknown)   (Ifyesgi	S. ADMED FORCES?	16. SOCIAL SECURITY NO. 1	7. INFORMANT	Personal !	Address	- 1
			the factor	Had	udelsen	mi
		par line for (a), (b), and (c).j				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WA	S CAUSED BY:	CONARY THE	20MBOSIS		77. 415-201	7/25/6/181
420.1	DUE TO			٨		11-00/
Conditions, if any, wh	ich > /b CC	RONARY S	CLEROSIS	Col. Ca	erdes-	
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(a), stating the undarly causa last.	ing	Vestula	r Respos	عر		
	(c)	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	ON GIVEN IN PART 1(a	1) 19. WAS AUTOPS
(	2000	DO.	2.0000 CM			PERFORMED?
20a. ACCIDENT WAS U	IDERLYING TO 1 20h	DESCRIBE HOW INJURY OCCI	IDED (Enter nature of in The	Part lar Part II of item 1	D 1	YES NO
OR CONTRIBUTING CA	USE OF DEATH	DESCRIBE HOW INJURY OCCU	OKED. (Enter nature of Injury II	i Part I or Part II of Ilem I	D+)	
20c. TIME OF INJURY			PLACE OF INJURY (Home, fa		(County)	(Stata)
Hour a.m.		Vhile Not While work at work	factory, streat, offica bldg., at	(c.)		
			June 26	1961, 10 Jun	1.28 10/1	, that (I) (we) la
	00	ttended the deceased from	1	55. 1.		
22a, SIGNATURE	live on	und19.6, and	ing death occured av.	A.M., trom/the ca	uses and on the	date stated abov
228. SIGNATORE	0 0	A1. 00	ATTENDING	MED. STAFF		SIGNI
22c. PHYSICIAN'S	and V.	Huller	M.D. PHYS.	DIRECTOR PHYS.	+1	6/29/6/
NAME (Type)	DP. HUDS	SON M.D.		FOREST H	111 MJ	
VV TILLE					·~~	
a. BURIAL, CREMATION	236 DATE THEREOF	23c. NAME OF CEMETI	10 1	23d. LOCATION (C	ity, town or county,	(Stata)
Durial	JUN4 1161	Wall GR	ove Daptist	Ohucks	CORNER	10
FUNERAL DIRECTOR'S SIG	HATURE	ADDRESS	25a. RI	EC'D BY REGISTRAR 25		NATURE
Jerseph J	Jostes	sel au	May DATE	JL 3 '61	Cilma S. Kr	all A
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MARYLAND STATE DEPARTMENT OF HEALTH

THE ALPHANES OF THE WORLD SHOP SHAPE WITH A PROPERTY OF THE PR Heritaria Indiana de Carante de C HOURE, O.C. Care Rushing President Facelli 12 182 and - 2 3 4 5 1 EME 16. MALLION Jall my There of well of The section of the property of the section of the s (any Zellandar Saladhar a was in a la A PART SALES AND A SECOND ASSESSMENT OF THE SALE BURNET - Sufer /2/ Bely Grove Suprist Shackstan Suprish 24 14) perfet I souther I solder they was not

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where daceesed livad, If institution: Rasidence bafora admission) e. COUNTY b. COUNTY HARFORD 175 MARYLAND b. CITY OR TOWN (if outside corporete limits, and c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) filled in by 1 Pages 1 and write RURAL end give nearest town) after HAVRE DE GRACE DAYS DARLINGTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours MEMORIAL HOSPITAL YES NO HARFORD completely papers. 3. NAME OF 4. DATE Middle Month Day Yaar 72 DECEASED OF (Type or print) DEATH 196] LISHA ANN SEXTON within carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Devs DIVORCED WIDOWED MAY 3 physician remove 1Db. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if retired U.S.A. HARFORD CO. 13. FATHER'S NAME Then please please LUCY M. BELCHER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the (Yas, no, or unkown) [ (If yas give war or dates of service) oval 0 18. CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN min bilateral þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit Conditions, if any, which gave rise to immediata causa (a), stating tha undarlying has causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY certificate PERFORMED? NO prior use 2Da. ACCIDENT WAS UNDERLYING [ 2Db. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) OF CONTRIBUTING CAUSE OF DEATH ached for (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stata) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2Da. PLACE OF INJURY (Homa, farm, ) (County) factory, streat, office bldg., etc.) Not While Whila Hour e.m. at work et work e retaine D.m saw the deceased alive on...... 22b. DATE ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. director, page be filed with the O FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF SEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Steta) 23e. BURIAL, CREA 256. REGISTER'S SIGNATURE REGISTRAR VR A15 (4) arthur S. Thous



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FUNERAL

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VS A15 (4) 15M 9/55

Joseph W. Foster

HEALTH DEPT Page necessary and 3 to the funeral director. Pag may be retained for your files. 2 with the State Board of Mealt delay death. hours hould be executed within 24 hours after de s'" in pencil in Item 18. Give Pages 1, 2, and s' Office along with form PM3. Page 5 ma a burial-transit permit. File pages 1 and 2 v **EXAMINER:** This certificate should be executed Office along v a burial-transit p moval, and in removal "pending" 6 cremation burial 0

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fived, If institution: Residence before edmission) e. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN lif outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest towny d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress) d. STREET ADDRESS NAME OF Middle DATE DECEASED (Type or print) DEATH 0 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Z AGE (in years | IF UNDER 1 YEAR last birthday) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) done during most of working life, even If retired) Lahorer Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles S. Thompson Mable Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewerordetesofservice) Mable Dallam, Dorsey Ave. Aberdeen, Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause certificate, writing the word "pending" inded to the Chief Medical Examiner's RECTOR: Page 3 should be used as a DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While prior et work et work lease execute the certificate, should be forwarded to the FUNERAL DIRECTOR: Inspection X Inquiry death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY Address (Street, city, town, or county 22e. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22/61 Green Spring Cemetery, R.D. 0 940 Havre de Grace. Md. Tarring Funeral Home 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE Aberdeen, Md. wither S. House DATE JUN 2 3 '61

MARYLAND STATE DEPARTMENT OF HEALTH

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19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

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and in my opinion

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

IF UNDER 24 HRS.

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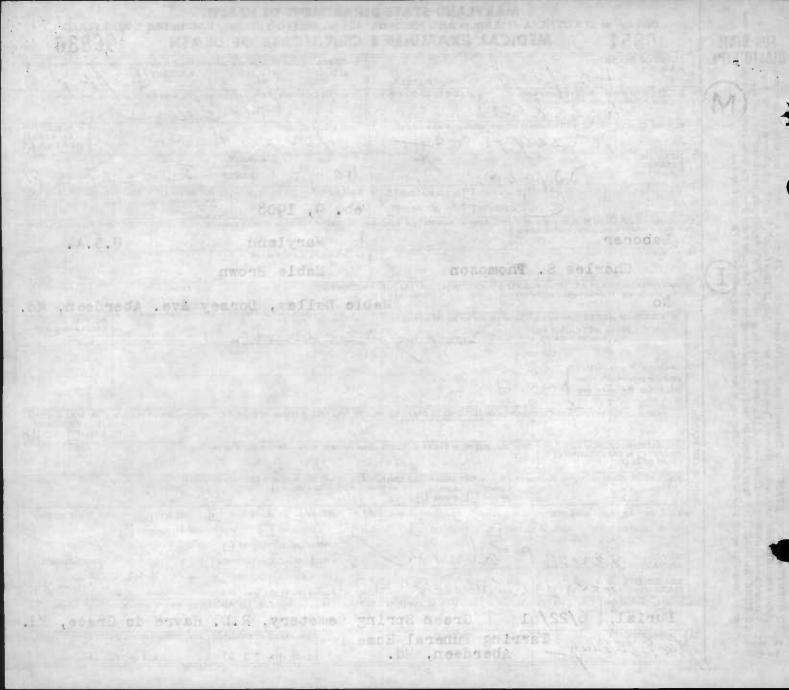
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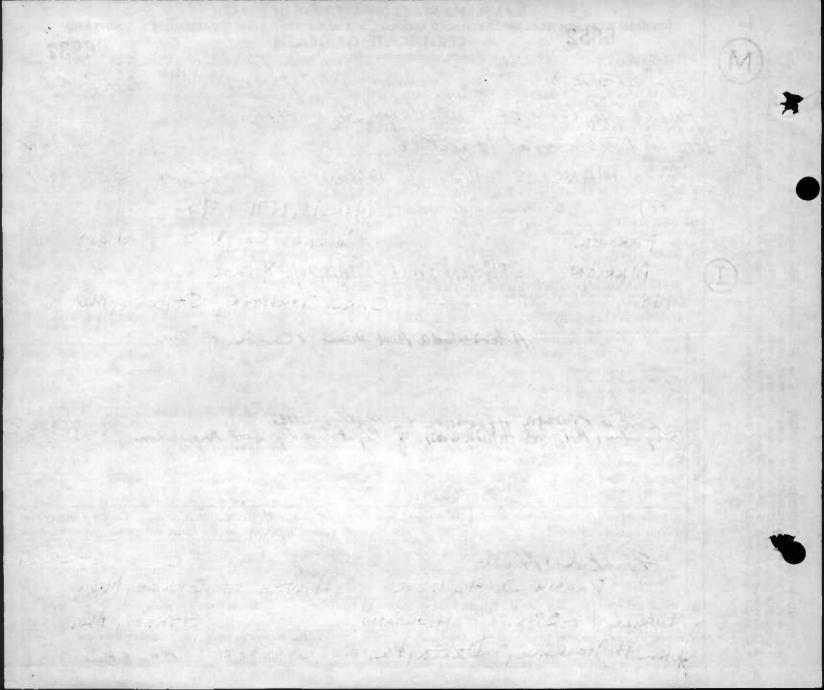
ON A FARM? YES NO

VS. AISME 5M 9/60

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1		MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH
P EEN	A	06837
The second	41)	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission 5. COUNTY 6. STATE 6. COUNTY 7. COUNTY 8. COUNTY 9. STATE 9. COUNTY 9. CO
y the		b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
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aft aft	07	d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS   a. IS RESIDENCI
	1	Harford Memorial Hospital
executed completely on papers.		3. NAME OF First Middle Lest 4. DATE Month Dey Yeer OF
omp omp hin		(Type or print) NIARCUS L. THORNTON DEATH JUNE 25 196/
be ribo		Never MARKIED Never MARKIED Never Mours Min.
		WIDOWED DIVORCED WIDOWED Vyrs. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY
		done during most of working life, even if refired)  WILKES CO., N. Z. USA
	~	13. FATHER'S NAME
death inding p	(T)	MARION THORNTON MARY YORK
E _ 10	0	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no old upknown)   (Ifyes give were or detes of service)
he he		CARL THORNTON, STREET, IND.
sician. d by the		18. CAUSE OF DEATH   Enter only one cause per line for (e), (b), end (c), .)  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH
		1 HMMEDIATE CAUSE (a) Africa School for Distance of Cordine Poulure
> Dia bib		Conditions, if eny, which (b)
		gave rise to immediate cause (a), stating the underlying DUE TO
or att or att e has the bu burial,		ceuse lest. (c)
		PART II. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
hospital certifica r use as prior to	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOSED? PERFORMED? PERFORMED? YES NO DESCRIBE HOW INJURY OF CURED. Fenter neture of injury in Part I or Part II of Item 18.)
H e si o		OR CONTRIBUTING [] CAUSE OF DEATH    OR CONTRIBUTING [] CAUSE OF DEATH   O   (IF EITHER, NOTIFY MEDICAL EXAMINER)
NG P by the ter th ched Health		
of A Policy		20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, fectory, streat, office bldg., atc.)  While Not While et work et work to streat office bldg., atc.)
e o o o o o o o o o o o o o o o o o o o		21. I certify that (I) (this hospital) attended the deceased from
5 0 0 0 0 0		saw the deceased alive on
DIRECTOR S Shoul	1	228. SIGNATURE  ATTENDING MED. STAFF  M.D. PHYS. DIRECTOR PHYS. STAFF  M.D. PHYS. DIRECTOR PHYS.
AL Day of the the		22c, PHYSICIAN'S  22d, ADDRESS  22d, ADDRESS
Page 4 IERAL , page	1	NAME (TYPE) FRANK D. HAUBER HAURE DE GRACE, MO.
O HOSPITAL death. Page 4 IO FUNERAL director, page 5 be filed with th		23e. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
O P D P B		A BYOKIAL 6-29-61 HIGHLAND STREET, MD.
VR A15 (4)	0	ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 9/60	Or .	John 15 Mariene, Della Ta. DATE JUN 28'61 Outlan & House



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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

(Vý	6853 CERTIFICATI	OF DEATH Reg. Dist. No.				
tor, the thi	1. PLACE OF DEATH  COUNTY Harford MARYLAND  CITY (If outside corporate limits, write RURAL OR end.give neerest town)  LENGTH OF STAY (in this place)	2. USUAL RESIDENCE (HOME) OF DECEASED  STATE de COUNTY Parford  CITY (If outside corporata limits, writa RURAL end give nearest town)  OR				
within 7.2 hours funeral director, t	OR end give neerest town) TOWN Belair 30 years HOSPITAL OR INSTITUTION OR STREET ADDRESS 306 Thomas Street	STREET (If rural give location) ADDRESS 306 Thomas Street				
registrar w by the fur	S. NAME OF DECEASED (First) (Middla)  (Type or Print)  S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF DECEASED (MIDDLE)	(Last)  4. DATE (Month)  OF DEATH JUNE 3  PRESENTED 19. AGE lest birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.				
writicate be filed with the range of completely filled in burial transit permit.	RACE WIDOWED, DIVORCED, (Specify)  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if Cairpenter  13. FATHER'S NAME  Thomas and  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.	MAY 85 76 yrs. Months Days Hours Min.  11. BIRTHPLACE (State or foreign country)  Boone, N.C. 12. CITIZEN OF WHAT COUNTRY?  USA  14. MOTHER'S MAIDEN NAME  Margaret Adams  17. INFORMANT & ADDRESS				
death certific hysician and use as a buria	(Yas, ao, or unk.)  (If Yas, give war or datas of sarvica)  214-18-5705  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  23 IMMEDIATE CAUSE  (A)  CARDIO-REST  DISEASES OR CONDITIONS, IF ANY, (B)	ONSET AND DEATH				
equires that the attending podetached for	STATING UNDERLYING CAUSE LAST. DUE TO  (C)  OF MU  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	LTIPLE MYELOMA 3 WEEKS				
by the	DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory,	20. AUTOPSY? YES NO 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)				
exe mbly	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURED While Not while 1 at work 21f. HOW DID INJURY OCCUR?  While At work 19 19 19 19 19 19 19 19 19 19 19 19 19					
L Dig						
certificate beath certif	23. BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial  June 6.1961  T.L. Wa:  DATE THEREOF  NAME OF CEMETERY OR  REGISTRAR'S SIGNATURE  DATE  JUN 6 '61  Circling & Trans	CREMATORY LOCATION (City, town, or county)  CREMATORY  CREMATORY  Sugar Grove M.C.  Sugar Grove Address  Delta-Penna				

## CERTIFICATE OF DEATH

Help Dist. No.

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PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Whare decessed lived, If institution: Rasidence before edmission) PLACE OF DEATH a. COUNTY b. COUNTY by the and 2 death. MARYLAND If outside corporete limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) 2. Pages 1 72 hours after filled a. IS RESIDENCE NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give greet address) ON A FARM? YES NO NO completely papers. DATE Dev Year NAME OF Month DECEASED OF 196 DEATH (Type or print) 8. DATE OF BIRTH carbon AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last birthdey) and WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) physician USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY remove done during most of working life, even if retired) MBER DIF 13. FATHER'S NAME please 2 Then please Address 16. SOCIAL SECURITY NO. removal, unkown) | (If yes give war or dates of service) WHITEFORD. the INTERVAL BETWEEN permit. ig physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: de IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if eny, which been gava rise to immediata cause DUE TO (e), steting the underlying has the WAS ANTOPSY hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PERFORMED? NO 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) 2Da. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH for After this detached 2De. PLACE OF INJURY (Home, farm, (County) (Stete) 20d. INJURY OCCURRED I 2Df. (City or town) 20c. TIME OF INJURY Month, Dey, Year fectory, street, office bldg., etc.) While Not While Hour a.m. 50 et work et work be retaine 196/ 19.6./, that (I) (we) last 21. 1 certify that (I) (this hospital) attended the deceased from... plnods saw the deceased alive on.. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING STAFF PHYS. PHYS. DIRECTOR M.D death. Page 4
O FUNERAL
director, page 3
be filed with the 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) (Stata) NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, RIDGE 10 H 25e, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 DATE JUN 2 1 Orthur & Thous

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DIVISION OF STATISTICAL RESEARCH AND RECORDS STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY e. STATE b. COUNTY in by the is 1 and 2 sifter death. MARYLAND b. CITY OR TOWN c. LENGTH OF STAY IN 16 c. CITY OR IOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end papers. Pages 1 72 hours after Pages filled . IS RESIDENCE ON A FARM? YES NO W completely NAME OF Month Dey DECEASED OF (Type or print) DEATH 19 within carbon SEX 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthdey) Months Devs Hours Min. event, WIDOWED 3 DIVORCED sician USUAL OCCUPATION (Give kind of work remove 12. CITIZEN OF WHAT COUNTRY? hest of working life, even if retired) phy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please death affending MUKNOWN and S DECEASED EVER IN U.S. ARMED FORCES? of unknown) ((Ifyes give wer or detes of service) hen the removal, (Yes, ng physician. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: da IMMEDIATE CAUSE (e) DUE TO affending Conditions, if any, which (b) geve rise to Immediate cause DUE TO (e), steting the underlying ceuse lest. the 0 certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? hospital as NO use prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING for OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) Health etached 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED I 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. refained at work et work p.m. DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from... 19.6., that (1) (we) last to. and that death occured at 7.1. from the causes and on the date stated above. plnods saw the deceased alive on .. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED STAFF DIRECTOR PHYS. PHYS. death. Page 4 r M.D. page 22c. PHYSICIAN'S 22d / ADDRESS NAME (Type) ector, OR CREMATORY LOCATION (City, town or county) (Stete) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF (Specify) UNION D:pg CHANCEFORD TWP 0 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 PUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 DATEJUN 2 8 '61 arthur & Kraus

ARYLAND STATE DEPARTMENT OF HEALTH

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